

**DECLARATION AND POWER OF ATTORNEY  
FOR PATENT APPLICATION**

Original     Supplemental     Substitute     PCT

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am an original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled "**DEPOSITION OF DISPERSED METAL PARTICLES ONTO SUBSTRATES USING SUPERCRITICAL FLUIDS,**" which is described and claimed in the specification

- (check one)     which is attached hereto; or  
 which was filed on \_\_\_\_\_, 2004 as United States Application No. \_\_\_\_\_, and with amendments through \_\_\_\_\_ (if applicable); or  
 in International Application No. PCT/\_\_\_\_\_, filed \_\_\_\_\_, and as amended on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above referenced specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information known by me to be material to the patentability of the claims of this application in accordance with Title 37, Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code § 119 (a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) or § 365(b) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN APPLICATIONS: (ENTER BELOW IF APPLICABLE)			PRIORITY CLAIMED (MARK APPROPRIATE BOX BELOW)	
APP. NUMBER	COUNTRY	DAY/MONTH/YEAR FILED	YES	NO

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below.

APPLICATION NUMBER	FILING DATE

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose all information known by me to be material to the patentability of the claims of this application as defined in Title 37, Code of Federal Regulations, § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

APPLICATION SERIAL NO.	FILING DATE	STATUS (MARK APPROPRIATE COLUMN BELOW)		
		PATENTED	PENDING	ABANDONED

I hereby appoint the following attorneys and/or agent(s) to prosecute this application and to transact all business in the U.S. Patent and Trademark Office connected therewith:

Customer Number 23859

Address all telephone calls to **Mitchell A. Katz** at telephone no. (678) 420-9300.

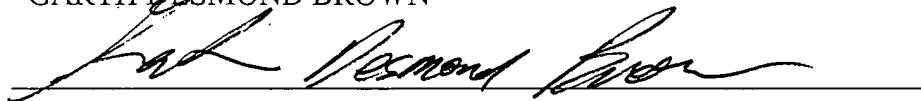
Address all correspondence to **Mitchell A. Katz**,

Customer Number 23859

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Inventor: GARTH DESMOND BROWN

Inventor's Signature:



Residence: 4385 East Brandon Drive, Marietta, Georgia 30066, USA

Post Office Address: Same as above

Citizenship: United States of America